MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-022904

Registration District No. 333　Primary Registration District No. 3074　Registrar's No. 123

FILED MAY 20 1963

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED
1 1007	
2 06701	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. SHOULD READ — INSTEAD OF

USE BLACK INK OR TYPEWRITER RIBBON — BY AFFIDAVIT OF — MEDICAL CERTIFICATION — DOCUMENT

1. PLACE OF DEATH
   a. COUNTY: SCOTT
   b. CITY OR TOWN: SIKESTON　Length of stay in 1b: 6 days
   c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MO. DELTA COMMUNITY HOSP.　Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: MISSOURI　b. COUNTY: MISSISSIPPI
   c. CITY OR TOWN: EAST PRAIRIE　Inside Limits: Yes ☐ No ☒
   d. STREET ADDRESS (If outside, give location): RT. #1　Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)　First: LARRY　Middle: EUGENE　Last: TAYLOR

4. DATE OF DEATH: 5-9-63

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐　Never Married ☒　Widowed ☐　Divorced ☐
8. DATE OF BIRTH: 10-28-62
9. AGE (last birthday): ‒　IF UNDER 1 YEAR: Months 6　Days 11　IF UNDER 24 HR: Hours ‒ Min. ‒

10a. USUAL OCCUPATION: None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE: Sikeston, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Howard E. Taylor
13b. MOTHER'S MAIDEN NAME: Barbara Duke
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?: No
16. SOCIAL SECURITY NO.:
17. INFORMANT　Address: Howard E. Taylor, East Prairie, Mo

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute leukemia, lymphatic　INTERVAL BETWEEN ONSET AND DEATH: 2 week ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐　SUICIDE ☐　HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED:
20c. TIME OF INJURY: Hour ‒ a.m. p.m.　Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐　NOT WHILE AT WORK ☐
20e. PLACE OF INJURY:
20f. CITY, TOWN, OR LOCATION　COUNTY　STATE

21. I attended the deceased from April 26, 1963 to 5-9-63 and last saw him alive on 5-3-63
Death occurred at 8:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. C. Critchlow M D
22b. ADDRESS: Sikeston, Mo
22c. DATE SIGNED: May 13, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-10-1963
23c. NAME OF CEMETERY OR CREMATORY: W.O.W. Cemetery
23d. LOCATION: East Prairie, Missouri

24. FUNERAL DIRECTOR　ADDRESS: Travis Shelby, East Prairie, Mo.
25. DATE RECD. BY LOCAL REG.: May 16, 1963
26. REGISTRAR'S SIGNATURE: Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Trow Shelly Jr._____

          Signature of Student Embalmer

                            Licensed Embalmer No. _4940_

                            P. O. Address _East Prairie Mo_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
     If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
     If this body is not embalmed, fact should be so stated above.